See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

2050

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? Scientific study of human society and free access to result

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(1) organizations and section 4947(a)(1) trusts, optional for others)	
28	Conferences, workshops & training - hosting visiting researchers & academics, training volunteer staff incl specialist medical training for 30 people from U S , Canada, U K , Germany, Israel, Italy Research trips made by directors and staff as well as conferences attended (Grants $ 6005) If this amount includes foreign grants, check here ▶ ☐	28a	128451
29	Web based and paper publications Website stats show increase to over 1 5 million hits per day Over 200 editorials written and 28000 articles collected and databased for free public viewing Discussion forum participation remains robust and increased by 5% Research team grew by 27% (Grants $ 2617) If this amount includes foreign grants, check here ▶ ☐	29a	26236
30	Academic papers & Research - Published paper "The theory of Kairons". Advances in Applied Clifford Algebras, vol 19 (2009) Several seminars given at Center CAIROS, Inst of Math , Uni of Toulouse. Online paper in collaboration with Gerhard W Bruhn (Uni of Darmstadt) & Waldyr Rodrigues (Uni Esatadual de Campinas) (Grants $ 1193) If this amount includes foreign grants, check here ▶ ☐	30a	20725
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Arkadiusz Jadczyk Ph D , 2955 Rte de Toulouse 82100 Castelsarrasin, Tarn-et Garonne, France	President - 60	-0-	1742	1258
Laura Knight-Jadczyk, 2955 Rte de Toulouse 82100 Castelsarrasin, Tarn-et Garonne, France	Vice President - 60	-0-	1742	1258
Joseph Quinn, 2955 Rte de Toulouse 82100 Castelsarrasin, Tarn-et Garonne, France	Vice President - 60	-0-	1742	1258
Scott Ogrin, 2955 Rte de Toulouse 82100 Castelsarrasin, Tarn-et Garonne, France	Secretary - 60	-0-	1742	1258
Arianna Martin, 2955 Rte de Toulouse 82100 Castelsarrasin, Tarn-et Garonne, France	Asst Treasurer - 60	-0-	1742	1258
Henry See, 10331, 102 Avenue, Fort St John British Columbia, Canada, V1J 1Y4	Director - 15	-0-	500	600
Anne Feldhacker, 2055 Sumac St Longmont, CO, USA, 80501	Treasurer - 25	-0-	500	300

Part V **Other Information** (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✔
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✔	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✔
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✔
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✔
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955 and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✔
41	List the states with which a copy of this return is filed ▶ California			
42a	The organization's books are in care of ▶ Arianna Martin Telephone no ▶ 33563048231			
	Located at ▶ 2955 Rte de Toulouse, Castelsarrasin, France ZIP + 4 ▶ 82100			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✔	
	If "Yes," enter the name of the foreign country ▶ France			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	✔	
	If "Yes," enter the name of the foreign country ▶ France			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✔
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes " Form 990 must be completed instead of Form 990-EZ	45		✔

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✔
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✔
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✔
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✔
b	If "Yes" was the related organization a section 527 organization?	49b		✔

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100 000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶ NONE

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ X A. Martin
Signature of officer — Date

▶ Arianna A. Martin, Asst. Treasurer — 24 Sept 2010
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No